2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22946

FILED Aug 08, 2007 Secretary of State

Entity Name: PRESBYTERIAN CAMP AND CONFERENCE MINISTRIES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1920 STREETMAN DRIVE LITHIA, FL 33547 **Current Mailing Address: New Mailing Address:** 1920 STREETMAN DR LITHIA, FL 33547 FEI Number: 59-2861786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEBRA J.K. BRONKEMA & JOHN H. BRONKEMA ORENDORF, MARK N 720 FAIRMONT DRIVE 1916 STREETMAN DRIVE LITHIA, FL 33547 US BRANDON, FL 33511 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MARK ORENDORF 08/08/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BRONKEMA, DEBRA J. K. ORENDORF, MARK N Name: Name: 1916 STREETMAN DRIVE Address: 720 FAIRMONT DRIVE Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: BRANODN, FL 33511 Title: (X) Delete Title: () Change () Addition BRONKEMA, JOHN H Name: Name: Address: 1916 STREETMAN DRIVE Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHILDS, CARRIE Name: CHANEY, MARTHA Name: 10907 VICTORIA ARBOR WAY 7045 N. TAMIAMI TRAIL Address: Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: SARASOTA, FL 34234 Title: () Delete Title: (X) Change () Addition HEFFINGTON, HELEN Name: Name: GIBSON, RACHEL 539 PECK AVENUE 2318 DEL WEBB WEST Address: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip: SUN CITY CENTER, FL 33573 Title: Title: () Delete () Change () Addition **BULNES, JOSETTE** Name: Name: 3006 PEACOCK LANE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: () Delete Title: () Change () Addition BOURQUE, PATTI Name: Name: Address: 6946 ROSLYN COURT Address: NORTH PORT, FL 34287 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ORENDORF D 08/08/2007